

Applicant or Patentee: Roberts et al.
Serial or Patent No.: 07/78,603
Filed or Issued: May 5, 1992

Attorney's
Docket No.: _____

Title: ELECTRONIC STILL VIDEO CAMERA WITH DIRECT PERSONAL
COMPUTER (PC) COMPATIBLE DIGITAL FORMAT OUTPUT
VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(d) & 1.27(c))--SMALL BUSINESS CONCERN

I hereby declare that I am:

- ☐ the owner of the small business concern identified below:
☒ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF SMALL BUSINESS CONCERN PC Camera Inc.
ADDRESS OF SMALL BUSINESS CONCERN McLean, Virginia 22013

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.12, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees to the United States Patent and Trademark Office, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled ELECTRONIC STILL VIDEO CAMERA WITH DIRECT by inventor(s)
PERSONAL COMPUTER (PC) COMPATIBLE DIGITAL FORMAT OUTPUT by Roberts et al.
described in

- ☐ the specification filed herewith
☒ application serial no. 07/78,603 filed May 5, 1992
☐ patent no. _____ issued _____

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights in the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e). *NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention availing to their status as small entities. (37 CFR 1.27)

NAME PC Camera Inc.

ADDRESS McLean, Virginia 22013

☐ INDIVIDUAL ☒ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

NAME _____

ADDRESS _____

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Joseph W. Conroy

TITLE OF PERSON IF OTHER THAN OWNER Corporate Secretary

ADDRESS OF PERSON SIGNING PC Camera Inc.
8330 Boone Blvd., Suite 550
Vienna, Virginia

SIGNATURE Joe W. Conroy DATE 1/12/93

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PATENT

Attorney's Docket No. 101

COMBINED DECLARATION AND POWER OF ATTORNEY

**(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION OR CIP)**

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: (check one applicable item below)

- ☒ original
☐ design

NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application do not check any of next two items and check appropriate one of last three items.

- ☐ national stage of PCT
☐ supplemental

NOTE: If one of the following 3 items apply then complete and also attach **ADDED PAGES FOR DIVISIONAL CONTINUATION OR CIP**.

- ☐ divisional
☐ continuation
☐ continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

WARNING: If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

ELECTRONIC STILL VIDEO CAMERA WITH DIRECT PERSONAL COMPUTER(PC)
COMPATIBLE DIGITAL FORMAT OUTPUT

SPECIFICATION IDENTIFICATION

the specification of which: (complete (a), (b) or (c))

- (a) ☒ is attached hereto.
(b) ☐ was filed on _____ as ☐ Serial No. _____
or ☐ Express Mail No., as Serial No. not yet known _____
and was amended on _____ (if applicable).

NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.

(Declaration and Power of Attorney [1-1]—page 1 of 4)

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(c) ☐ was described and claimed in PCT International Application No. _____ filed on _____ and as amended under PCT Article 19 on _____ (if any).

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

☐ In compliance with this duty there is attached an information disclosure statement 37 CFR 1.97. TO BE FILED LATER

PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

- (d) ☐ no such applications have been filed.
(e) ☐ such applications have been filed as follows

NOTE: Where item (c) is entered above and the International Application which designated the U.S. claimed priority check item (e), enter the details below and make the priority claim.

**EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

COUNTRY	APPLICATION NUMBER	DATE OF FILING (month, day, year)	PRIORITY CLAIMED UNDER 37 USC 119
			<input type="checkbox"/> YES NO <input type="checkbox"/>
			<input type="checkbox"/> YES NO <input type="checkbox"/>
			<input type="checkbox"/> YES NO <input type="checkbox"/>
			<input type="checkbox"/> YES NO <input type="checkbox"/>
			<input type="checkbox"/> YES NO <input type="checkbox"/>

**ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

PAUL W. FISH
REG # 22435 201

SEND CORRESPONDENCE TO

PAUL W. FISH
SUITE 410
4200 MASSACHUSETTS AVE NW
WASHINGTON DC 20016

DIRECT TELEPHONE CALLS TO:
(Name and telephone number)

PAUL W. FISH
202 363-6263

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of sole or first inventor MARC K. ROBERTS
Inventor's signature Marc K. Roberts
Date 20 NOV 1990 Country of Citizenship USA
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Inventor's signature Matthew A. Chikosky
Date 20 NOV 1990 Country of Citizenship USA
Residence 7388 SHADY PALM DR. SPRINGFIELD VA. 22153
Post Office Address SAME AS RESIDENCE 114

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ADDED PAGE TO COMBINED DECLARATION AND POWER OF ATTORNEY
FOR SIGNATURE BY THIRD AND SUBSEQUENT INVENTORS

Full name of third joint inventor, if any JERRY A. SPEASL 40230
Inventor's signature *Jerry A. Speasl*
Date 20 NOV 1990 Country of Citizenship USA
Residence 10727 HUNTERS PLACE VIENNA VA. 22180 011
Post Office Address SAME AS RESIDENCE

Full name of fourth joint inventor, if any _____
Inventor's signature _____
Date _____ Country of Citizenship _____
Residence _____
Post Office Address _____

Full name of fifth joint inventor, if any _____
Inventor's signature _____
Date _____ Country of Citizenship _____
Residence _____
Post Office Address _____

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